

Today's Date \_\_\_/\_\_\_/\_\_\_



# MORNING STAR ACADEMY

[ ] Allergies? - List Below\*

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## STUDENT EMERGENCY CONTACT AND MEDICAL INFORMATION

School District in Which Family Resides: \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's/Guardian's Name – Primary Contact \_\_\_\_\_

Parent's/Guardian's Name – Primary Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL INFORMATION

\*Allergies \_\_\_\_\_

Present Medication \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

Dentist's Name and Phone Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I authorize all medical, dental and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

I give permission for my child to go on field trips. I release Morning Star Academy and individuals from liability in case of an accident during activities related to Morning Star Academy, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_